PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

EXAMINATION FEE	-										/~		
U.S. NATIONAL STAGE FEES SMALL ENT. = \$ 150 LARGE ENT = \$ 300 EXAMINATION FEE Salisfies PCT Anice 30(1) All other situations = EXAM. FEE EXAM. FEE										YTITY	OF		
BASIC FEE SMALL ENT. = \$ 150	 	S NATIONA	STACE FEED	(Colu	mn 1)	Т	(Column 2)		7475	T	7		1
EXAMINATION FEE	⊦		L STAGE FEES			ļ		4	RATE	FEE	_	RATE	FEE
SEARCH FEE	B/	ASIC FEE				<u> </u>			BASIC FEE		OR	BASIC FEE	300
SEARCH FEE	EX	CAMINATION F	EE		EXAM. FEE			EXAM. FEE	200				
TOTAL CHARGEABLE CLAIMS	SE	ARCH FEE		ALL other o	ountries =	All			SEARCH FEE			SEARCH FEE	400
NDEPENDENT CLAIMS	FE	E FOR EXTRA	SPEC. PGS.	mi	nus 100 =	! 	/ 50 =		X \$ 125 =			X \$ 250 =	
#\$ 180 =	то	TAL CHARGE	ABLE CLAIMS	7 m	inus 20 =	•	·· · · · · · · · · · · · · · · · · · ·		X \$ 25 =		OR	X \$ 50 =	
If the difference in column 1 is less than zero, enter "0" in column 2	INC	DEPENDENT C	CLAIMS	/ '	minus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
CLAIMS AS AMENDED - PART II	ИU	LTIPLE DEPE	NDENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
Column 1	11	f the difference	e in column 1 is	less than zer	o, enter "0	" in c	olumn 2	4	TOTAL		OR	TOTAL	900
REMAINING AFTER AMENDMENT									SMALL	ENTITY	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REMAINING AFTER		NUMB PREVIO	BER USLY	1		RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ZOME COME	Total	+	Minus			=		X \$ 25 =		OR	X \$ 50 =	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT EXTRA FEE	AME	Independent	•	Minus			=		X \$ 100 =		OR	X \$ 200 =	
Column 1)		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
CLAMS REMAINING AFTER AMENDMENT Total * Minus ** =								•			OR		
CLAMS REMAINING AFTER AMENDMENT Total * Minus ** =													
REMAINING AFTER AMENOMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR TOTAL ADDIT. Total * Minus *** = X \$ 25 = OR X \$ 50 = Independent * Minus *** = X \$ 100 = OR X \$ 200 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	_						(Column 3)	r					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REMAINING AFTER		NUMBE PREVIOU	ER ISLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
TOTAL ADDIT. OR TOTAL ADDIT.		Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
1 1115		FIRST PRESI	ENTATION OF M	JLTIPLE DEPE	NDENT CL	AIM			+ \$ 180 =		OR	+ \$ 360 =	
								1	FEE		OR	TOTAL ADDIT. FEE	
	* K	the "Highest Nur	nber Previously Paid	For" IN THIS SPA	ACE is less th	1an "20"	, enter "20".						
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".								n the	appropriate box	in column 1.			
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